

FILED MAR 15 1950

## STANDARD CERTIFICATE OF DEATH

State File No. 7172

BIRTH NO. _____		REG. DIST. NO. 317		PRIMARY REG. DIST. NO. 6076		Registrar's No. 631	
1. PLACE OF DEATH a. COUNTY ST. LOUIS				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE MISSOURI b. COUNTY _____			
b. CITY (If outside corporate limits, write RURAL and give township) JEFFERSON BRKS., MO.				c. LENGTH OF STAY (In this place) 10 days			
d. FULL NAME OF HOSPITAL OR INSTITUTION VET ADM HOSPITAL				c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN SALEM 1331 d. STREET ADDRESS (If rural, give location) 1			
3. NAME OF DECEASED (Type or Print)		a. (First) LOUIS		b. (Middle) L.		c. (Last) MC SPADDEN	
4. DATE OF DEATH		(Month) MARCH		(Day) 9,		(Year) 1950	
5. SEX MALE		6. COLOR OR RACE WHITE		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) NEVER MARRIED		8. DATE OF BIRTH 2/27/82	
9. AGE (In years last birthday) 68		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) MUSICIAN		11. BIRTHPLACE (State or foreign country) SALEM, MISSOURI		12. CITIZEN OF WHAT COUNTRY? USA	
13a. FATHER'S NAME LOUIS MC SPADDEN		13b. MOTHER'S MAIDEN NAME ELIZABETH DENT		14. NAME OF HUSBAND OR WIFE - - - - -			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) YES		16. SOCIAL SECURITY NO. WW-1		17. INFORMANT'S SIGNATURE OR NAME VA HOSPITAL RECORDS			
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)  *This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION 1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) ARTERIOSCLEROTIC HEART DISEASE AND CALCIFIC AORTIC STENOSIS  ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last.  DUE TO (b) _____  DUE TO (c) _____  2. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. PULMONARY INFARCT DUE TO PULMONARY EMBOLISM				INTERVAL BETWEEN ONSET AND DEATH  4.22.11	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION  420.0				20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify) NONE		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) VA		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?			
22. I hereby certify that I attended the deceased from 2/28, 1950, to 3/9, 1950, and that death occurred at 6:22 p.m., from the causes and on the date stated above.							
23a. SIGNATURE L. S. Fulmer M.D.				23b. ADDRESS VA HOSPITAL, JEFF BRKS., MO.		23c. DATE SIGNED	
24a. BURIAL, CREMATION, REMOVAL, etc. Removal-Rail		24b. DATE 3/10/50		24c. NAME OF CEMETERY OR CREMATORY To: Spencer Funeral Home		24d. LOCATION (City, town, or county) (State) At: Salem, Missouri	
DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE MAR 10 1950		25. FUNERAL DIRECTOR'S SIGNATURE HOFFMEISTER U&L CO. 781 S. Broadway St. Louis, Missouri		26. ADDRESS *****			

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by \_\_\_\_\_

working under my personal supervision.

Student Embalmer No. ....

Signed Lina C. Hoffmeister

Signed.....

Student Embalmer

Licensed Embalmer No. 3871

P. O. Address 7814 S. Broad

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.